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**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

**STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS**

State File No. 420
Registrar's No. 47

1. Place of Death: (a) County Graham (b) City or Town Pima (c) Location 11 yrs (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 11 yrs; In Arizona 60 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz; (b) County Graham; (c) City or Town Pima
(d) Street No. Gustave (e) If foreign born, in U. S. A. _____
3. (a) FULL NAME Eusebio Johnson (b) If veteran name war No (c) Social Security No. No
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Eusebio Johnson 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Oct 26 - 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 27 If less than one day hrs. _____ min. _____

9. Birthplace Detah.
(City, town or county) (State or Country)

10. Usual Occupation Blacksmith

11. Industry or Business _____

Father { 12. Name Lars Johnson
13. Birthplace Sweden
(City, town or county) (State or Country)

Mother { 14. Maiden Name Anderson
15. Birthplace Sweden
(City, town or county) (State or Country)

16. (a) Informant's own signature Eusebio Johnson

(b) Address Pima Ariz

17. (a) Burial, Cremation or Removal Burial

(b) Place Cremal (c) Date May 23 1941

18. (a) Embalmer's Signature _____

(b) Funeral Director H. C. Raman

(c) Address Safford Ariz

19. (a) June 9th 1941
(Date received local Registrar)

(b) J. W. Stratton
(Registrar's Signature)

20M 100% Reg 8/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 23, 1941;
TIME (Hour and minute) 4 A. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

My doctor is attending at last illness

Due to Arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____

(g) Means of injury _____

23. Signature J. W. Stratton A.H.Q.M.D.

Address Safford Date signed 5/24/41

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.